

## Montana Medicaid - Fee Schedule

### Audiology

#### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-3 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee. Laboratory services paid at 60% of listed fee

**By Report (BR):** Equals 51% of billed charges

**Anes Value:** Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$26.25.

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

**Fees** The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00.

**NOTE: Audiology services receive 90% of the calculated RBRVS fee. The 90% amount is the fee shown on this fee schedule**

**Global Days** – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the global period is per the CPT-4 code descriptor

**ZZZ:** Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

**Space:** Global concept does not apply to this code

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space** - this indicator does not apply to this code

#### Indicators

**Mult** - Multiple surgery guidelines do apply

**Bilat** - Bilateral. The procedure can be done bilaterally

**Assist** - Assistant. An assistant is allowed for this procedure

**Co-Surg** - Co-Surgery. A co-surgeon is allowed for this procedure

**Team** - A team of surgeons is allowed for this procedure

**Related** - The procedure code listed is separately billable

**Y** - indicator is applicable to this code

**Space** - this indicator does not apply to this code

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		
					Office	Facility					Assist	CoSurg	Team
92510		REHAB FOR EAR IMPLANT	7/1/02	RBRVS	\$95.23	\$63.05							
92541		SPONTANEOUS NYSTAGMUS TEST	7/1/02	RBRVS	\$88.21	\$88.21							
92541	TC	SPONTANEOUS NYSTAGMUS TEST	7/1/02	RBRVS	\$17.85	\$17.85							
92541	26	SPONTANEOUS NYSTAGMUS TEST	7/1/02	RBRVS	\$71.02	\$71.02							
92542		POSITIONAL NYSTAGMUS TEST	7/1/02	RBRVS	\$30.76	\$30.76							
92542	TC	POSITIONAL NYSTAGMUS TEST	7/1/02	RBRVS	\$8.08	\$8.08							
92542	26	POSITIONAL NYSTAGMUS TEST	7/1/02	RBRVS	\$22.67	\$22.67							
92543		CALORIC VESTIBULAR TEST	7/1/02	RBRVS	\$12.95	\$12.95							
92543	TC	CALORIC VESTIBULAR TEST	7/1/02	RBRVS	\$8.76	\$8.76							
92543	26	CALORIC VESTIBULAR TEST	7/1/02	RBRVS	\$4.19	\$4.19							
92544		OPTOKINETIC NYSTAGMUS TEST	7/1/02	RBRVS	\$41.66	\$41.66							
92544	TC	OPTOKINETIC NYSTAGMUS TEST	7/1/02	RBRVS	\$31.10	\$31.10							
92544	26	OPTOKINETIC NYSTAGMUS TEST	7/1/02	RBRVS	\$10.57	\$10.57							
92545		OSCILLATING TRACKING TEST	7/1/02	RBRVS	\$40.10	\$40.10							
92545	TC	OSCILLATING TRACKING TEST	7/1/02	RBRVS	\$30.61	\$30.61							
92545	26	OSCILLATING TRACKING TEST	7/1/02	RBRVS	\$9.50	\$9.50							
92546		SINUSOIDAL ROTATIONAL TEST	7/1/02	RBRVS	\$64.37	\$64.37							
92546	TC	SINUSOIDAL ROTATIONAL TEST	7/1/02	RBRVS	\$52.74	\$52.74							
92546	26	SINUSOIDAL ROTATIONAL TEST	7/1/02	RBRVS	\$11.63	\$11.63							
92547		SUPPLEMENTAL ELECTRICAL TEST	7/1/02	RBRVS	\$31.46	\$31.46	ZZZ						
92548		POSTUROGRAPHY	7/1/02	RBRVS	\$68.90	\$68.90							
92548	TC	POSTUROGRAPHY	7/1/02	RBRVS	\$47.84	\$47.84							
92548	26	POSTUROGRAPHY	7/1/02	RBRVS	\$21.11	\$21.11							
92551		PURE TONE HEARING TEST AIR	7/1/02	RBRVS	\$8.47	\$8.47							
92552		PURE TONE AUDIOMETRY AIR	7/1/02	RBRVS	\$11.20	\$11.20							
92553		AUDIOMETRY AIR & BONE	7/1/02	RBRVS	\$16.62	\$16.62							
92555		SPEECH THRESHOLD AUDIOMETRY	7/1/02	RBRVS	\$20.32	\$20.32							
92556		SPEECH AUDIOMETRY COMPLETE	7/1/02	RBRVS	\$20.46	\$20.46							
92557		COMPREHENSIVE HEARING TEST	7/1/02	RBRVS	\$30.52	\$30.52							
92559		GROUP AUDIOMETRIC TESTING	7/1/02	BY REPORT	\$0.00	\$0.00							
92560		BEKESY AUDIOMETRY SCREEN	7/1/02	BY REPORT	\$0.00	\$0.00							
92561		BEKESY AUDIOMETRY DIAGNOSIS	7/1/02	RBRVS	\$18.14	\$18.14							
92562		LOUDNESS BALANCE TEST	7/1/02	RBRVS	\$10.42	\$10.42							
92563		TONE DECAY HEARING TEST	7/1/02	RBRVS	\$8.33	\$8.33							
92564		SISI HEARING TEST	7/1/02	RBRVS	\$38.38	\$38.38							
92565		STENGER TEST PURE TONE	7/1/02	RBRVS	\$10.19	\$10.19							
92567		TYMPANOMETRY	7/1/02	RBRVS	\$11.70	\$11.70							
92568		ACOUSTIC REFLEX TESTING	7/1/02	RBRVS	\$8.33	\$8.33							
92569		ACOUSTIC REFLEX DECAY TEST	7/1/02	RBRVS	\$10.42	\$10.42							
92571		FILTERED SPEECH HEARING TEST	7/1/02	RBRVS	\$9.94	\$9.94							
92572		STAGGERED SPONDAIC WORD TEST	7/1/02	RBRVS	\$8.80	\$8.80							
92573		LOMBARD TEST	7/1/02	RBRVS	\$8.93	\$8.93							
92575		SENSORINEURAL ACUITY TEST	7/1/02	RBRVS	\$7.46	\$7.46							

Please see first page for a complete description of information contained in the fee schedules.

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					Office	Facility					Assist	CoSurg	Team
92576		SYNTHETIC SENTENCE TEST	7/1/02	RBRVS	\$11.39	\$11.39							
92577		STENGER TEST SPEECH	7/1/02	RBRVS	\$18.34	\$18.34							
92579		VISUAL AUDIOMETRY (VRA)	7/1/02	RBRVS	\$18.41	\$18.41							
92582		CONDITIONING PLAY AUDIOMETRY	7/1/02	RBRVS	\$20.43	\$20.43							
92583		SELECT PICTURE AUDIOMETRY	7/1/02	RBRVS	\$22.60	\$22.60							
92584		ELECTROCOCHLEOGRAPHY	7/1/02	RBRVS	\$62.65	\$62.65							
92585		AUDITOR EVOKE POTENT COMPRE	7/1/02	RBRVS	\$88.25	\$88.25							
92585	TC	AUDITOR EVOKE POTENT COMPRE	7/1/02	RBRVS	\$41.39	\$41.39							
92585	26	AUDITOR EVOKE POTENT COMPRE	7/1/02	RBRVS	\$47.21	\$47.21							
92586		AUDITOR EVOKE POTENT LIMIT	7/1/02	RBRVS	\$46.51	\$46.51							
92587		EVOKED AUDITORY TEST	7/1/02	RBRVS	\$38.58	\$38.58							
92587	TC	EVOKED AUDITORY TEST	7/1/02	RBRVS	\$33.08	\$33.08							
92587	26	EVOKED AUDITORY TEST	7/1/02	RBRVS	\$5.51	\$5.51							
92588		EVOKED AUDITORY TEST	7/1/02	RBRVS	\$52.05	\$52.05							
92588	TC	EVOKED AUDITORY TEST	7/1/02	RBRVS	\$37.49	\$37.49							
92588	26	EVOKED AUDITORY TEST	7/1/02	RBRVS	\$14.55	\$14.55							
92589		AUDITORY FUNCTION TEST(S)	7/1/02	RBRVS	\$22.33	\$22.33							
92590		HEARING AID EXAM ONE EAR	7/1/02	BY REPORT	\$0.00	\$0.00							
92591		HEARING AID EXAM BOTH EARS	7/1/02	BY REPORT	\$0.00	\$0.00							
92592		HEARING AID CHECK ONE EAR	7/1/02	BY REPORT	\$0.00	\$0.00							
92593		HEARING AID CHECK BOTH EARS	7/1/02	BY REPORT	\$0.00	\$0.00							
92594		ELECTRO HEARNG AID TEST ONE	7/1/02	BY REPORT	\$0.00	\$0.00							
92595		ELECTRO HEARNG AID TST BOTH	7/1/02	BY REPORT	\$0.00	\$0.00							
92596		EAR PROTECTOR EVALUATION	7/1/02	RBRVS	\$15.13	\$15.13							

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